STATE OF MAINE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF LICENSING AND REGULATORY SERVICES
-

Workforce Development Program

Personal Care Attendant Agency Application

SECTION 1: Provider Information			
Agency Name:			
Doing Business As:			
Physical Address:			
City:	State:	Zip:	County:
Mailing Address:			
City:	State:	Zip:	County:
Email Address:			

SECTION 2: Fees	
APPLICATION FOR PERSONAL CARE ATTENDANT AGENCY	
License Type: ☐ New License (fee $25) ☐ Renewal License (fee $25) License Renewal Period (dates): _____ to _____ **Total Fee Enclosed for application ……**	$ 25.00
Make check or money order payable to "Treasurer, State of Maine". Do not send Cash. Credit Cards are not accepted at this time. Application fees are non-refundable. **Total Check/Money Order enclosed: =**	**$ 25.00**

For questions regarding this program and/or application, please contact the following:
Department of Health and Human Services
Licensing and Regulatory Services
Workforce Development Program
41 Anthony Ave
11 State House Station
Augusta, ME 04333-0011

Tel: (207) 287-9300 Fax: (207) 287-5807 Toll Free: 1-800-791-4080 TTY users call Maine relay 711
Email: info.dhhs@maine.gov

Office Use Only:
Check# _____ *MO #* _____ *Amount $*_____ *Initials:* _____ *License#* _____

SECTION 3: Ownership Information (Use additional sheets, if necessary)			
Owner Name:			
Mailing Address:			
City:	State:	Zip:	County:
Telephone No.: ( )	ID# (Owner SSN or EIN#):		

Type of Entity:

☐ Sole Proprietorship (complete section A)
☐ Partnership (complete section B)
☐ Other: _____
☐ Corporation (complete section C)
☐ Not-for-Profit (complete section D)

Fiscal Year End Date: _____

A. Sole Proprietorship			
Owner Name:			
Mailing Address:			
City:	State:	Zip:	County:
Telephone No.: ( )	ID# (Owner SSN or EIN#):		

B. Partnership

List the names and addresses of partners or organizations having direct or indirect ownership interests, separately or in combination, amounting to an ownership interest of 5% or more in the disclosing entity. Indirect ownership interest is ownership interest in an entity that has an ownership in any entity higher in a pyramid than the disclosing entity.

Name	Address
_____	_____
_____	_____
_____	_____
_____	_____

C. Corporation

List the names, address and titles of the Officers and Directors.

Officer's Name	Title	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

Director Name	Title	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

Shareholder's Name	Title	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

D. Not-for-Profit

List the name and address of the Board of Directors President or the appropriate Municipal Government Representative.

Name	Address
_____	_____
_____	_____

SECTION 4: Facility Information (Use additional sheets, if necessary)			
Name of Administrator:		Title:	
Home Address:			
City:	State:	Zip:	County:
Home Telephone No.: ( )		Office Telephone No.: ( )	

Services Provided: List the types of health care or personal services that are available from your agency (examples include, laundry, shopping, medications, bathing, dressing, etc.):

1. _____
2. _____
3. _____
4. _____

Location of all facilities (sub-units) utilized by the Personal Care Attendant Agency:

	Name of Owner of Building Telephone Number	Address
1.	_____ _____	_____ _____
2.	_____ _____	_____ _____
3.	_____ _____	_____ _____

SECTION 4: Declaration

- The applicant certifies that all information contained in this application is true and correct to the best of his/her knowledge.

_____	_____	_____
Print name of Administrator	**Signature of Administrator**	**Date**